

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	D.B.	70200	21-12-97
O.I.P.E. CLASSIFIER			5 4-21-99
FORMALITY REVIEW	2C	71470	3/20/99

11/1/99

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 " ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final	Original
101	10/21/50
102	01/12/51
103	07/29/51
104	11/14/51
105	06/13/52
106	05/23/54
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Claim	Date
Final	Original
101	06/28/51
102	11/14/51
103	06/12/52
104	12/20/54
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Claim	Date
Final	Original
101	11/11/50
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If more than 150 claims or 10 actions  
 staple additional sheet here